

# ALCP PROJECT OVERVIEW

For: (Project Name)

RTP#: (RTP #)

By: (Lead Agency)

Date:



## **PROJECT INFORMATION**

1. Name Of ALCP Project:
2. MAG TIP #:
3. Local CIP #:
4. TRACS # (if applicable):
5. Project Regional Funding: Design \$xx – year of reimbursement, ROW \$xx – year of reimbursement, Construction \$xx – year of reimbursement. Fiscal Year and Date of ALCP:
6. Lead Agency contact(s): Each Request for Payment shall contain original signatures on required forms and letters. No electronic or scanned signatures will be accepted. Please add or delete columns or tables as needed.

	Lead Agency Main Contact	Lead Agency Authorized Signer	Lead Agency Authorized Signer
NAME:			
TITLE			
AGENCY			
PHONE #:			
E-MAIL:			
ADDRESS:			
FAX:			

7. (If Needed) Other Jurisdictions listed in IGA/Project Agreement:

8. (If Needed) Other Jurisdictions main contact(s):

	Other Agency Main Contact
NAME:	
TITLE	
AGENCY	
PHONE #:	
E-MAIL:	
ADDRESS:	
FAX:	

9. MAG designated contacts:

	MAG Designated Contact	MAG Authorized Contact & Signer	MAG Authorized Signer
<b>NAME:</b>	Eileen O'Connell	Eric Anderson	Dennis Smith
<b>TITLE:</b>	Transportation Planner II	Transportation Director	Executive Director
<b>PHONE #:</b>	602.254.6300	602.254.6300	602.254.6300
<b>E-MAIL:</b>	<a href="mailto:eoconnell@mag.maricopa.gov">eoconnell@mag.maricopa.gov</a>	<a href="mailto:eanderson@mag.maricopa.gov">eanderson@mag.maricopa.gov</a>	<a href="mailto:dsmith@mag.maricopa.gov">dsmith@mag.maricopa.gov</a>
<b>ADDRESS:</b>	302 N. 1st Avenue, Ste. 300 Phoenix, AZ 85003	302 N. 1st Avenue, Ste. 300 Phoenix, AZ 85003	302 N. 1st Avenue, Ste. 300 Phoenix, AZ 85003
<b>FAX:</b>	602.254.6490	602.254.6490	602.254.6490

## **PROJECT DETAILS & DATA**

1. **Summary of project:** Please provide an overview and description of project including: project scope, general features, including project design, right-of-way acquisition and construction phases, identification of any major structures (e.g. bridges) to be constructed and the relationship of the project to other programmed and planned projects in the TIP, regional plan, local capital improvement programs or local plans.

- **Project Scope:** overview and description of project
- **Project History and Background:** Include advancements, deferrals, exchanges, substitutions and any significant differences with the project, as it is described in the RTP.
- **Project Considerations:** Environmental and utility relocation
- **ITS:** Indicate what ITS components will be incorporated into the project, and how they will tie into each agency's ITS network and/or the regional network.
- **Multi-modal issues:** Explain how the project addresses **A) Pedestrian Facilities B) Bicycle Facilities C) Needs of Older Adults**
- **Management plan:** Include the internal steps the jurisdiction will take to ensure quality and timely completion of the project. Please also provide the name of the jurisdiction's project manager/employee that is responsible for project completion.
- **Project Schedule:** Indicate all work plan tasks; if known, please include the QA/QC meeting schedule. The schedule shall clearly identify project deliverable dates, including project start, milestones, interim tasks and projected completion date. If needed, provide an explanation in addition to the project schedule. *The milestones listed below are examples, please add or delete rows where needed to show the project's schedule.*

Project Schedule	
Milestones	Actual /Estimated Dates
Project Initiation Package to Engineering	
Alignment Study/Design Concept Report Submittal	
Design Kick-off-Meeting	
30% Design Submittal	
60% Design Submittal	
90% Design Submittal	

Final design / PS&E	
<b>Bid Opening</b>	
Contract Awarded	
Construction NTP	
Preconstruction (Partnering) meeting	
25% Construction	
60% Construction	
Construction Activities Complete	
Inspection	
Project Completion & acceptance	
Facilities Open to Traffic	

- **Map/Photograph:** Please include a map, drawing, photograph, plans or other graphic showing the location of the project. The preferred option is an aerial photograph combined with a GIS overlay.

## 2. Project Data

CMS and CMAQ Data		
<b>Current Average Daily Traffic (ADT)</b> on the Facility (or the Nearest Parallel Facility of a Similar Type):	<b>Name of the Roadway Section</b> (Used for the ADT Estimate):	<b>Type of Facility to be Improved or Constructed</b> (Check <u>one</u> box):  <input type="checkbox"/> Arterial Street <input type="checkbox"/> Intersection <input type="checkbox"/> Bridge <input type="checkbox"/> Other _____
<b>Average Number of Current Through Lanes</b> on the Facility Prior to Project Completion (Do <u>not</u> include right, left or center turn lanes):	<b>Average Number of Future Through Lanes</b> on the Facility After the Project is Completed (Do <u>not</u> include auxiliary lanes):	<b>Length</b> of the Facility (in miles):
<b>Township Coordinate</b> of the Midpoint of the Facility:	<b>Range Coordinate</b> of the Midpoint of the Facility:	<b>Section Number</b> of the Midpoint of the Facility:

## **PROJECT COSTS AND FINANCIAL INFORMATION**

1. Cost Estimate: Please provide a cost breakdown for the project including quantities and expected unit costs.
2. Budget Summary: Please use the cost estimate above, when necessary, to fill in the budget summary listed below.

### **Budget Summary**

<b>Type of Work</b>	<b>Year for Work</b>	<b>Total Cost</b>	<b>Local Share</b>	<b>Regional Share</b>	<b>Regional %</b>	<b>Fiscal Year for Reimburs.</b>
Design						
ROW						
Construction						
Other						
Other						
<b>Total</b>						

3. Funding Sources: Explain the funding sources for local, regional and federal (if applicable) for this project. Types of Regional funds are: RARF, MAG-STP, CMAQ.

<b>Type of Work</b>	<b>Type of Local Funds</b>	<b>Type of Regional Funds for Reimbursement</b>
Design		
ROW		
Construction		
Other		
Other		
<b>Total</b>		

4. Project Reimbursement Requests and Progress Reports will be submitted pursuant to the project schedule, unless otherwise noted below. When filling out the Project Reimbursement Requests and Progress Reports, please use the necessary charts, Project Schedule and Summary of Costs from this document. Will the Project Reimbursement Request follow the Project Schedule?

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No** If **No**, on what basis will the Project Reimbursement Requests (PRR) be submitted? (Some advanced projects will submit one PRR, some projects will submit a PRR on a quarterly or annual basis)

5. Cost Savings: (if applicable) If project has a cost savings of Regional Funds, please explain how remaining funds will be reallocated.

6. Summary of Contracts/Contractors: Provide, type of work, name of the company, item, date of approval, and contract amount as information becomes available. *The chart below is an example, please add or delete rows where needed to show the project's contracts.*

Work Phase	Company	Item	Date Approved	Amount
Design	Company ABC	Original Contract	Month Day, Year	\$ -
Design	Company ABC	Amendment #1	Month Day, Year	\$ -
Design	Company ABC	Amendment #2	Month Day, Year	\$ -
Construction	123 Construction	Original Contract	Month Day, Year	\$ -

### **PROJECT DOCUMENTS**

Please include a copy of the related project documents to MAG. These are not minimum requirements for the project, it is a list of documents that a project could have.

- Inter Governmental Agreement
- Memorandum of Understanding
- Design Concept Report
- Corridor Study
- Project Assessment
- Supporting documents for Developer Contributions
- Project Amendments
- Environmental Overview